

go carelessly and rapidly into battle, killing those who are not responsible, further enhancing the power and the authority of those who would be the dictators. They do not get killed. Sanctions do not hurt them. The innocent people suffer. Just as the economic sanctions that will be put on Southeast Asia as we give them more money, who suffers from the devaluations? The American taxpayer, as well as the poor people, whether they are in Mexico or Southeast Asia, in order to prop up the very special interests. Whether it is the banking interests involved in the loans to the Southeast Asians, or our military-industrial complex who tends to benefit from building more and more weapons so they can go off and test them in wars that are unnecessary.

REPORT OF THE CORPORATION
FOR PUBLIC BROADCASTING—
MESSAGE FROM THE PRESIDENT
OF THE UNITED STATES

The SPEAKER pro tempore (Mr. COOKSEY) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Commerce.

To the Congress of the United States:

As required by section 19(3) of the Public Telecommunications Act of 1992 (Public Law 102-356), I transmit herewith the report of the Corporation for Public Broadcasting.

WILLIAM J. CLINTON.
THE WHITE HOUSE, February 25, 1998.

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentlewoman from Connecticut (Ms. DELAURO) is recognized for 60 minutes as the designee of the minority leader.

Ms. DELAURO. Mr. Speaker, I want to stand here and have the opportunity to have a discussion with some of my colleagues this evening, to talk about an issue that is near and dear to the hearts of the American people, and that is for those who are today in something called managed care for their health care, people who are looking at how they are going to afford health care, how in fact they can meet the rules and regulations that some of the HMOs have put upon them, how they can have the option of selecting their physician or specialist if they need one, how in fact they can get all of the information that they need in order to make good choices and good decisions about their medical treatment, and how, if they run into a difficulty with their provider, their HMO, their insurance company, that they have an appeal process that they can go to to see if this can be sorted out.

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This is a topic that is going to be hotly debated in this Chamber in the

next several months. The President talked about a patient's Bill of Rights, if you will. That sounds like a very elevated term. Essentially it is what I have talked about, having for individuals the opportunity to know what their best options are in order to get their health care.

This patient's Bill of Rights is going to be debated. The President talked about it in his State of the Union Address. He wants to see something like this passed. There are a number of us on both sides of the aisle, and as a matter of fact it was one of those issues the night of the State of the Union where Democrats and Republicans were on their feet because it makes good sense. It makes good sense for people to have the adequate kind of health care, the adequate treatment that they need in order that they may survive, themselves and their families. What is at stake here is not just the bottom line, the profit motive in health care today, but in fact the health and safety of the American public.

An issue that I have specifically focused on is the issue of mastectomies. I have found through a Dr. Sarfos in Connecticut, a surgeon, he came to me and told me that women were being treated as outpatients for mastectomies, and that they were getting a few hours' treatment, or less treatment than both their doctor and they thought they needed in order for them to be healthy, to be on that road to recovery both emotionally and physically.

Together a number of us have written legislation that says in fact that the length of stay in a hospital needs to be determined by a doctor and by a patient, and not be the decision of the insurance company. In the case of this specific piece of legislation, it says 48 hours for a mastectomy, 24 hours for a lymph node dissection, and that the individual, the woman can in fact have the luxury, if you will, of not having to stay for 48 hours if the doctor and patient make that determination that in fact it can be a shorter stay.

These are commonsense kinds of decisions that we are talking about. What we want to do is to make sure, as I say, at the base of all of this, is that people's health is the first order of business, and not the profit motive of the insurance provider or of the HMOs.

I am delighted to have with me tonight a colleague from Illinois, and I yield to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I thank the gentlewoman from Connecticut for yielding to me, and I also want to do more than that. I want to thank her for the kind of leadership that I think she displays and continues to display in this House of Representatives by bringing before the American people on a daily basis issue by issue, making the greatest use of herself to awaken the conscience of the American people; for putting before them positions that they need to be aware of,

things that they need to understand, and then taking the lead in actually not only talking the talk but walking the walk, and voting her conscience and convictions. It is just a pleasure and an honor for me to serve in this body with her.

Ms. DELAURO. Mr. Speaker, I thank the gentleman very much.

Mr. DAVIS of Illinois. Mr. Speaker, when we look at health care delivery and we look at what has happened in health care all over the place, there have been changes and changes and changes. We see in America right now thousands of individuals who are physicians who decided to go to medical school, learned their profession, because they wanted to be engaged in the practice of medicine. They wanted to work out with patients treatment plans and treatment patterns. They wanted to make use of the skills which they had acquired to provide the best possible care for their patients and their clients.

Now we reach a point where many of these very same physicians, individuals who have spent years and years and years of study and training, are actually being told how they must practice. They are being told what it is they have to prescribe for certain illnesses, what it is that they have to do for certain patients, how long they can keep their patients in the hospital, what they have to do with them if they have to go home. It just seems to me that rather than making use of that training and skills, now we have health maintenance organizations, managed care organizations, HMOs, which are telling the physician how he or she must practice.

I can understand when we first evolved to the point where managed care became a real part of the American scene, people were concerned about cost containment, lack of regulation. It appeared as though the health care industry was running wild, and in some instances people may have been staying in hospitals much longer than they actually needed to. There may have been a few physicians in some cases who may have been taking liberties with their prescriptions and what they were doing, or seeing patients when they were not needed to be seen. But that was not the majority. That was not even anything close to a majority.

I think we have now given managed care, HMOs, a little too much action. I think we have given them too much leeway to set the pace, to make the decisions, to make the determinations. It is time to look at the needs of the patients. That is why, when the President talks about a patient's Bill of Rights, what he is really talking about is looking now at what the patient can logically and reasonably expect from a health care provider, from a health care institution that will meet his or her individual needs.

I do not believe that you can practice medicine wholesale, when it gets down